

REQUEST FORM FOR EXTRA OFFICIAL REPORTS OF AN EVALUATION

There is a three-year limit on requests for extra official reports from the date the evaluation was first completed. Requests for extra official reports of evaluations that exceed the 3-year limit require a new application, fees and resubmission of academic documents. ACEI reserves the right to deny a request for an extra official report if evaluation policies have changed or requirements of the institution/licensing board or agency stipulate additional information. In such a case, a new report and new application fees are required.

Standard Processing Time: Five (5) business days.

PLEASE PRINT OR TYPE CLEARLY & RETURN WITH YOUR PAYMENT TO: ACEI P.O. Box 6908, Beverly Hills, CA 90212, USA.

SECTION 1. APPLICANT INFORMATION

Name: _____
(Family/Last) (Given/First) (Second/Middle)

Mailing Address: _____
(Number) (Street) (Apt./Suite/Flat#)

(City) (State) (Zip/Postal Code) (Country)

Telephone: () _____ () _____ (Evening) Fax: () _____ Cell: () _____
(Day)

Email: _____ ACEI Ref.#: _____ Date of Evaluation: _____

SECTION 2. FEES

Please select the number of extra official reports needed and any special processing:

Extra Official Fees			Enter Amount
Fee for 1 st Extra Official Report (includes reactivation of case file)	\$50.00		\$ 50.00
Fee for additional official report	\$25.00 (each)	specify # _____ x \$25.00	\$ _____

RUSH Service (OPTIONAL)

	Enter Amount
1-Business Day RUSH <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
(Note: Payment must be made by cashiers check, money order or credit/debit card)	

Mailing/Shipping Fees (prices are per address) [REQUIRED]

You **must** select a mailing/shipping service from the list below for the mail delivery of your extra official report(s):

	Specify # of Mailings/Addresses		Fee Per Address	Enter Amount
<input type="checkbox"/> First Class (domestic/US only)	_____	x	\$ 5.00	\$ _____
<input type="checkbox"/> Air Mail (overseas/international)	_____	x	\$10.00	\$ _____
<input type="checkbox"/> Priority mail (domestic/US only)	_____	x	\$12.00	\$ _____
<input type="checkbox"/> Courier/Express (domestic/US only)	_____	x	\$40.00	\$ _____
<input type="checkbox"/> Courier/Express (overseas/international)	_____	x	\$70.00	\$ _____
TOTAL FEES:				\$ _____

SECTION 3. MAILING INSTRUCTIONS

Mail the 1st extra official report of the evaluation to the address below:

Mail the 2nd extra official report of the evaluation to the address below:

Name: _____

Name: _____

Address: _____

Address: _____

Tel: () _____

Tel: () _____

SECTION 4. METHOD OF PAYMENT

Select: Personal Check Money Order Cashiers Check American Express Discover MasterCard Visa

NOTE: Checks must be drawn in US dollars and on a US bank payable to ACEI. Personal check will NOT be accepted for RUSH processing.

CREDIT CARD PAYMENTS: (All credit card payments will be assessed a flat fee of \$3.95 per transaction.)

Name on Card: _____ Card #: _____ Exp. Date: _____

Billing Address (if diff. from Sec. 1): _____

3 digit sec. code (back of card): Visa/MasterCard: _____ 4 digit sec. code (front of card): AmEx _____ Signature Cardholder: _____

Date: _____

SECTION 5. CERTIFICATION:

I agree to be bound to the same terms and conditions as those in my initial application. _____

Signature

Date